

AMENDED IN SENATE MARCH 24, 2015

**SENATE BILL**

**No. 238**

**Introduced by Senators Mitchell and Beall**  
(Coauthor: Assembly Member Chiu)

February 17, 2015

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*An act to amend Sections 1522.41 and 1529.2 of the Health and Safety Code, and to amend Sections 304.7, 317, 369.5, 16003, and 16206 of, and to add Section 16501.4 to, the Welfare and Institutions Code, relating to foster care.*

LEGISLATIVE COUNSEL'S DIGEST

SB 238, as amended, Mitchell. Foster care: psychotropic medication.

Existing law authorizes only a juvenile court judicial officer to make orders regarding the administration of psychotropic medications for a dependent child or a ward who has been removed from the physical custody of his or her parent. Existing law requires the court authorization for the administration of psychotropic medication to be based on a request from a physician, indicating the reasons for the request, a description of the child's or ward's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. Existing law requires the officer to approve or deny the request for authorization to administer psychotropic medication, or set the matter for hearing, as specified, within 7 court days. *Existing law requires the Judicial Council to adopt rules of court and develop appropriate forms for the implementation of these provisions.*

~~This bill would state the intent of the Legislature to enact legislation that would improve the ability of the child welfare system to track and oversee the use of psychotropic medications for children in foster care by requiring, among other things, the development of a system that~~

~~triggers an alert to medical practitioners treating children in foster care when there could be potentially dangerous interactions between psychotropic medications and other prescribed medications, or when psychotropic medications have been prescribed, or prescribed in dosages, that are unusual for a child or a child of that age.~~

*This bill would require the Judicial Council, on or before July 1, 2016, to, in consultation with the State Department of Social Services, the State Department of Health Care Services, and stakeholders, develop updates to the implementation of these provisions with regard to dependent children and related forms. The bill would require the updates to ensure, among other things, that the child and his or her caregiver and court-appointed special advocate, if any, have an opportunity to provide input on the medications being prescribed, and would require the updates to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medications. The bill would require the Judicial Council, on or before July 1, 2016, to adopt or amend rules of court and forms to implement the updates.*

*This bill would also require a county child welfare agency to provide, on a monthly basis, to the juvenile court, the child's attorney, and the child's court-appointed special advocate, if one has been appointed, specified information regarding a child receiving child welfare services, including, among other things, the psychotropic medications that have been authorized for the child. The bill would require the State Department of Social Services, in consultation with specified parties, to develop, or ensure access to, a system that automatically alerts a child's social worker when psychotropic medication has been prescribed that fits certain descriptions, and would require the social worker to take specified actions upon receipt of an alert from that system. By imposing additional duties on social workers and county child welfare agencies, this bill would impose a state-mandated local program.*

*Existing law requires certain individuals involved in the care and oversight of dependent children, including group home administrators, foster parents, relative caregivers, nonrelative extended family member caregivers, social workers, judges, and attorneys, to receive training on various topics.*

*This bill would require the training to include training on the authorization for administration, uses, risks, benefits, administration, oversight, and monitoring of psychotropic medications, and trauma, mental health, and other available mental health treatments, for those children. The bill would require the State Department of Social Services,*

*in consultation with specified parties, to develop training that may be used for these purposes. By imposing additional training requirements on social workers, this bill would impose a state-mandated local program.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: ~~no~~-yes.

*The people of the State of California do enact as follows:*

- 1     **SECTION 1.** *Section 1522.41 of the Health and Safety Code*  
2 *is amended to read:*  
3     1522.41. (a) The director, in consultation and collaboration  
4 with county placement officials, group home provider  
5 organizations, the Director of Health Care Services, and the  
6 Director of Developmental Services, shall develop and establish  
7 a certification program to ensure that administrators of group home  
8 facilities have appropriate training to provide the care and services  
9 for which a license or certificate is issued.  
10    (b) (1) In addition to any other requirements or qualifications  
11 required by the department, an administrator of a group home  
12 facility shall successfully complete a department-approved  
13 certification program, pursuant to subdivision (c), prior to  
14 employment. An administrator employed in a group home on the  
15 effective date of this section shall meet the requirements of  
16 paragraph (2) of subdivision (c).  
17    (2) In those cases ~~where~~ *when* the individual is both the licensee  
18 and the administrator of a facility, the individual shall comply with  
19 all of the licensee and administrator requirements of this section.  
20    (3) Failure to comply with this section shall constitute cause for  
21 revocation of the license of the facility.  
22    (4) The licensee shall notify the department within 10 days of  
23 any change in administrators.  
24    (c) (1) The administrator certification programs shall require  
25 a minimum of 40 hours of classroom instruction that provides

1 training on a uniform core of knowledge in each of the following  
2 areas:

3 (A) Laws, regulations, and policies and procedural standards  
4 that impact the operations of the type of facility for which the  
5 applicant will be an administrator.

6 (B) Business operations.

7 (C) Management and supervision of staff.

8 (D) Psychosocial and educational needs of the facility ~~residents~~.  
9 *residents, including, but not limited to, the authorization for*  
10 *administration, uses, risks, benefits, administration, oversight, and*  
11 *monitoring of psychotropic medications, and trauma, mental*  
12 *health, and other available mental health treatments, for children*  
13 *receiving child welfare services.*

14 (E) Community and support services.

15 (F) Physical needs for facility residents.

16 (G) Administration, storage, misuse, and interaction of  
17 medication used by facility residents.

18 (H) Resident admission, retention, and assessment procedures,  
19 including the right of a foster child to have fair and equal access  
20 to all available services, placement, care, treatment, and benefits,  
21 and to not be subjected to discrimination or harassment on the  
22 basis of actual or perceived race, ethnic group identification,  
23 ancestry, national origin, color, religion, sex, sexual orientation,  
24 gender identity, mental or physical disability, or HIV status.

25 (I) Instruction on cultural competency and sensitivity relating  
26 to, and best practices for, providing adequate care to lesbian, gay,  
27 bisexual, and transgender youth in out-of-home care.

28 (J) Nonviolent emergency intervention and reporting  
29 requirements.

30 (K) Basic instruction on the existing laws and procedures  
31 regarding the safety of foster youth at school and the ensuring of  
32 a harassment- and violence-free school environment contained in  
33 the School Safety and Violence Prevention Act (Article 3.6  
34 (commencing with Section 32228) of Chapter 2 of Part 19 of  
35 Division 1 of Title 1 of the Education Code).

36 (2) The department shall adopt separate program requirements  
37 for initial certification for persons who are employed as group  
38 home administrators on the effective date of this section. A person  
39 employed as an administrator of a group home facility on the  
40 effective date of this section shall obtain a certificate by completing

1 the training and testing requirements imposed by the department  
2 within 12 months of the effective date of the regulations  
3 implementing this section. After the effective date of this section,  
4 these administrators shall meet the requirements imposed by the  
5 department on all other group home administrators for certificate  
6 renewal.

7 (3) Individuals applying for certification under this section shall  
8 successfully complete an approved certification program, pass a  
9 written test administered by the department within 60 days of  
10 completing the program, and submit to the department the  
11 documentation required by subdivision (d) within 30 days after  
12 being notified of having passed the test. The department may  
13 extend these time deadlines for good cause. The department shall  
14 notify the applicant of his or her test results within 30 days of  
15 administering the test.

16 (d) The department shall not begin the process of issuing a  
17 certificate until receipt of all of the following:

18 (1) A certificate of completion of the administrator training  
19 required pursuant to this chapter.

20 (2) The fee required for issuance of the certificate. A fee of one  
21 hundred dollars (\$100) shall be charged by the department to cover  
22 the costs of processing the application for certification.

23 (3) Documentation from the applicant that he or she has passed  
24 the written test.

25 (4) Submission of fingerprints pursuant to Section 1522. The  
26 department may waive the submission for those persons who have  
27 a current clearance on file.

28 (5) That person is at least 21 years of age.

29 (e) It shall be unlawful for any person not certified under this  
30 section to hold himself or herself out as a certified administrator  
31 of a group home facility. Any person willfully making any false  
32 representation as being a certified administrator or facility manager  
33 is guilty of a misdemeanor.

34 (f) (1) Certificates issued under this section shall be renewed  
35 every two years and renewal shall be conditional upon the  
36 certificate holder submitting documentation of completion of 40  
37 hours of continuing education related to the core of knowledge  
38 specified in subdivision (c). No more than one-half of the required  
39 40 hours of continuing education necessary to renew the certificate  
40 may be satisfied through online courses. All other continuing

1 education hours shall be completed in a classroom setting. For  
2 purposes of this section, an individual who is a group home facility  
3 administrator and who is required to complete the continuing  
4 education hours required by the regulations of the State Department  
5 of Developmental Services, and approved by the regional center,  
6 may have up to 24 of the required continuing education course  
7 hours credited toward the 40-hour continuing education  
8 requirement of this section. Community college course hours  
9 approved by the regional centers shall be accepted by the  
10 department for certification.

11 (2) Every administrator of a group home facility shall complete  
12 the continuing education requirements of this subdivision.

13 (3) Certificates issued under this section shall expire every two  
14 years on the anniversary date of the initial issuance of the  
15 certificate, except that any administrator receiving his or her initial  
16 certification on or after July 1, 1999, shall make an irrevocable  
17 election to have his or her recertification date for any subsequent  
18 recertification either on the date two years from the date of issuance  
19 of the certificate or on the individual's birthday during the second  
20 calendar year following certification. The department shall send  
21 a renewal notice to the certificate holder 90 days prior to the  
22 expiration date of the certificate. If the certificate is not renewed  
23 prior to its expiration date, reinstatement shall only be permitted  
24 after the certificate holder has paid a delinquency fee equal to three  
25 times the renewal fee and has provided evidence of completion of  
26 the continuing education required.

27 (4) To renew a certificate, the certificate holder shall, on or  
28 before the certificate expiration date, request renewal by submitting  
29 to the department documentation of completion of the required  
30 continuing education courses and pay the renewal fee of one  
31 hundred dollars (\$100), irrespective of receipt of the department's  
32 notification of the renewal. A renewal request postmarked on or  
33 before the expiration of the certificate shall be proof of compliance  
34 with this paragraph.

35 (5) A suspended or revoked certificate shall be subject to  
36 expiration as provided for in this section. If reinstatement of the  
37 certificate is approved by the department, the certificate holder,  
38 as a condition precedent to reinstatement, shall submit proof of  
39 compliance with paragraphs (1) and (2) of subdivision (f), and  
40 shall pay a fee in an amount equal to the renewal fee, plus the

1 delinquency fee, if any, accrued at the time of its revocation or  
2 suspension. Delinquency fees, if any, accrued subsequent to the  
3 time of its revocation or suspension and prior to an order for  
4 reinstatement, shall be waived for a period of 12 months to allow  
5 the individual sufficient time to complete the required continuing  
6 education units and to submit the required documentation.  
7 Individuals whose certificates will expire within 90 days after the  
8 order for reinstatement may be granted a three-month extension  
9 to renew their certificates during which time the delinquency fees  
10 shall not accrue.

11 (6) A certificate that is not renewed within four years after its  
12 expiration shall not be renewed, restored, reissued, or reinstated  
13 except upon completion of a certification training program, passing  
14 any test that may be required of an applicant for a new certificate  
15 at that time, and paying the appropriate fees provided for in this  
16 section.

17 (7) A fee of twenty-five dollars (\$25) shall be charged for the  
18 reissuance of a lost certificate.

19 (8) A certificate holder shall inform the department of his or  
20 her employment status and change of mailing address within 30  
21 days of any change.

22 (g) Unless otherwise ordered by the department, the certificate  
23 shall be considered forfeited under either of the following  
24 conditions:

25 (1) The department has revoked any license held by the  
26 administrator after the department issued the certificate.

27 (2) The department has issued an exclusion order against the  
28 administrator pursuant to Section 1558, 1568.092, 1569.58, or  
29 1596.8897, after the department issued the certificate, and the  
30 administrator did not appeal the exclusion order or, after the appeal,  
31 the department issued a decision and order that upheld the  
32 exclusion order.

33 (h) (1) The department, in consultation and collaboration with  
34 county placement officials, provider organizations, the State  
35 Department of Health Care Services, and the State Department of  
36 Developmental Services, shall establish, by regulation, the program  
37 content, the testing instrument, the process for approving  
38 certification training programs, and criteria to be used in  
39 authorizing individuals, organizations, or educational institutions  
40 to conduct certification training programs and continuing education

1 courses. The department may also grant continuing education hours  
2 for continuing courses offered by accredited educational institutions  
3 that are consistent with the requirements in this section. The  
4 department may deny vendor approval to any agency or person in  
5 any of the following circumstances:

6 (A) The applicant has not provided the department with evidence  
7 satisfactory to the department of the ability of the applicant to  
8 satisfy the requirements of vendorization set out in the regulations  
9 adopted by the department pursuant to subdivision (j).

10 (B) The applicant person or agency has a conflict of interest in  
11 that the person or agency places its clients in group home facilities.

12 (C) The applicant public or private agency has a conflict of  
13 interest in that the agency is mandated to place clients in group  
14 homes and to pay directly for the services. The department may  
15 deny vendorization to this type of agency only as long as there are  
16 other vendor programs available to conduct the certification  
17 training programs and conduct education courses.

18 (2) The department may authorize vendors to conduct the  
19 administrator's certification training program pursuant to this  
20 section. The department shall conduct the written test pursuant to  
21 regulations adopted by the department.

22 (3) The department shall prepare and maintain an updated list  
23 of approved training vendors.

24 (4) The department may inspect certification training programs  
25 and continuing education courses, including online courses, at no  
26 charge to the department, to determine if content and teaching  
27 methods comply with regulations. If the department determines  
28 that any vendor is not complying with the requirements of this  
29 section, the department shall take appropriate action to bring the  
30 program into compliance, which may include removing the vendor  
31 from the approved list.

32 (5) The department shall establish reasonable procedures and  
33 timeframes not to exceed 30 days for the approval of vendor  
34 training programs.

35 (6) The department may charge a reasonable fee, not to exceed  
36 one hundred fifty dollars (\$150) every two years, to certification  
37 program vendors for review and approval of the initial 40-hour  
38 training program pursuant to subdivision (c). The department may  
39 also charge the vendor a fee, not to exceed one hundred dollars  
40 (\$100) every two years, for the review and approval of the



1 continuing education courses needed for recertification pursuant  
2 to this subdivision.

3 (7) (A) A vendor of online programs for continuing education  
4 shall ensure that each online course contains all of the following:

5 (i) An interactive portion in which the participant receives  
6 feedback, through online communication, based on input from the  
7 participant.

8 (ii) Required use of a personal identification number or personal  
9 identification information to confirm the identity of the participant.

10 (iii) A final screen displaying a printable statement, to be signed  
11 by the participant, certifying that the identified participant  
12 completed the course. The vendor shall obtain a copy of the final  
13 screen statement with the original signature of the participant prior  
14 to the issuance of a certificate of completion. The signed statement  
15 of completion shall be maintained by the vendor for a period of  
16 three years and be available to the department upon demand. Any  
17 person who certifies as true any material matter pursuant to this  
18 clause that he or she knows to be false is guilty of a misdemeanor.

19 (B) Nothing in this subdivision shall prohibit the department  
20 from approving online programs for continuing education that do  
21 not meet the requirements of subparagraph (A) if the vendor  
22 demonstrates to the department's satisfaction that, through  
23 advanced technology, the course and the course delivery meet the  
24 requirements of this section.

25 (i) The department shall establish a registry for holders of  
26 certificates that shall include, at a minimum, information on  
27 employment status and criminal record clearance.

28 (j) Subdivisions (b) to (i), inclusive, shall be implemented upon  
29 regulations being adopted by the department, by January 1, 2000.

30 (k) Notwithstanding any ~~provision~~ of law to the contrary,  
31 vendors approved by the department who exclusively provide  
32 either initial or continuing education courses for certification of  
33 administrators of a group home facility as defined by regulations  
34 of the department, an adult residential facility as defined by  
35 regulations of the department, or a residential care facility for the  
36 elderly as defined in subdivision (k) of Section 1569.2, shall be  
37 regulated solely by the department pursuant to this chapter. No  
38 other state or local governmental entity shall be responsible for  
39 regulating the activity of those vendors.

1     SEC. 2. *Section 1529.2 of the Health and Safety Code is*  
2     *amended to read:*

3     1529.2. (a) In addition to the foster parent training provided  
4     by community colleges, foster family agencies shall provide a  
5     program of training for their certified foster families.

6     (b) (1) Every licensed foster parent shall complete a minimum  
7     of 12 hours of foster parent training, as prescribed in paragraph  
8     (3), before the placement of any foster children with the foster  
9     parent. In addition, a foster parent shall complete a minimum of  
10    eight hours of foster parent training annually, as prescribed in  
11    paragraph (4). No child shall be placed in a foster family home  
12    unless these requirements are met by the persons in the home who  
13    are serving as the foster parents.

14    (2) (A) Upon the request of the foster parent for a hardship  
15    waiver from the postplacement training requirement or a request  
16    for an extension of the deadline, the county may, at its option, on  
17    a case-by-case basis, waive the postplacement training requirement  
18    or extend any established deadline for a period not to exceed one  
19    year, if the postplacement training requirement presents a severe  
20    and unavoidable obstacle to continuing as a foster parent. Obstacles  
21    for which a county may grant a hardship waiver or extension are:

22    (i) Lack of access to training due to the cost or travel required.

23    (ii) Family emergency.

24    (B) Before a waiver or extension may be granted, the foster  
25    parent should explore the opportunity of receiving training by  
26    video or written materials.

27    (3) The initial preplacement training shall include, but not be  
28    limited to, training courses that cover all of the following:

29    (A) An overview of the child protective system.

30    (B) The effects of child abuse and neglect on child development.

31    (C) Positive discipline and the importance of self-esteem.

32    (D) Health issues in foster ~~care~~ *care, including, but not limited*  
33    *to, the authorization for administration, uses, risks, benefits,*  
34    *administration, oversight, and monitoring of psychotropic*  
35    *medications, and trauma, mental health, and other available mental*  
36    *health treatments, for children receiving child welfare services.*

37    (E) Accessing education and health services available to foster  
38    children.

39    (F) The right of a foster child to have fair and equal access to  
40    all available services, placement, care, treatment, and benefits, and

1 to not be subjected to discrimination or harassment on the basis  
2 of actual or perceived race, ethnic group identification, ancestry,  
3 national origin, color, religion, sex, sexual orientation, gender  
4 identity, mental or physical disability, or HIV status.

5 (G) Instruction on cultural competency and sensitivity relating  
6 to, and best practices for, providing adequate care to lesbian, gay,  
7 bisexual, and transgender youth in out-of-home care.

8 (H) Basic instruction on the existing laws and procedures  
9 regarding the safety of foster youth at school and the ensuring of  
10 a harassment and violence free school environment contained in  
11 the California Student Safety and Violence Prevention Act of 2000  
12 (Article 3.6 (commencing with Section 32228) of Chapter 2 of  
13 Part 19 of Division 1 of Title 1 of the Education Code).

14 (4) The postplacement annual training shall include, but not be  
15 limited to, training courses that cover all of the following:

16 (A) Age-appropriate child development.

17 (B) Health issues in foster ~~care~~: *care, including, but not limited*  
18 *to, the authorization for administration, uses, risks, benefits,*  
19 *administration, oversight, and monitoring of psychotropic*  
20 *medications, and trauma, mental health, and other available mental*  
21 *health treatments, for children receiving child welfare services.*

22 (C) Positive discipline and the importance of self-esteem.

23 (D) Emancipation and independent living skills if a foster parent  
24 is caring for youth.

25 (E) The right of a foster child to have fair and equal access to  
26 all available services, placement, care, treatment, and benefits, and  
27 to not be subjected to discrimination or harassment on the basis  
28 of actual or perceived race, ethnic group identification, ancestry,  
29 national origin, color, religion, sex, sexual orientation, gender  
30 identity, mental or physical disability, or HIV status.

31 (F) Instruction on cultural competency and sensitivity relating  
32 to, and best practices for, providing adequate care to lesbian, gay,  
33 bisexual, and transgender youth in out-of-home care.

34 (5) Foster parent training may be attained through a variety of  
35 sources, including community colleges, counties, hospitals, foster  
36 parent associations, the California State Foster Parent Association's  
37 Conference, adult schools, and certified foster parent instructors.

38 (6) A candidate for placement of foster children shall submit a  
39 certificate of training to document completion of the training  
40 requirements. The certificate shall be submitted with the initial

1 consideration for placements and provided at the time of the annual  
2 visit by the licensing agency thereafter.

3 (c) Nothing in this section shall preclude a county from requiring  
4 county-provided preplacement or postplacement foster parent  
5 training in excess of the requirements in this section.

6 *SEC. 3. Section 304.7 of the Welfare and Institutions Code is*  
7 *amended to read:*

8 304.7. (a) The Judicial Council shall develop and implement  
9 standards for the education and training of all judges who conduct  
10 hearings pursuant to Section 300. The training shall include, but  
11 not be limited to, ~~both~~ *all* of the following:

12 (1) A component relating to Section 300 proceedings for newly  
13 appointed or elected judges and an annual training session in  
14 Section 300 proceedings.

15 (2) Cultural competency and sensitivity relating to, and best  
16 practices for, providing adequate care to lesbian, gay, bisexual,  
17 and transgender youth.

18 (3) *The authorization for administration, uses, risks, benefits,*  
19 *administration, oversight, and monitoring of psychotropic*  
20 *medications, and trauma, mental health, and other available mental*  
21 *health treatments, for children receiving child welfare services.*

22 (b) A commissioner or referee who is assigned to conduct  
23 hearings held pursuant to Section 300 shall meet the minimum  
24 standards for education and training established pursuant to  
25 subdivision (a), by July 31, 1998.

26 (c) The Judicial Council shall submit an annual report to the  
27 Legislature on compliance by judges, commissioners, and referees  
28 with the education and training standards described in subdivisions  
29 (a) and (b).

30 *SEC. 4. Section 317 of the Welfare and Institutions Code is*  
31 *amended to read:*

32 317. (a) (1) When it appears to the court that a parent or  
33 guardian of the child desires counsel but is presently financially  
34 unable to afford and cannot for that reason employ counsel, the  
35 court may appoint counsel as provided in this section.

36 (2) When it appears to the court that a parent or Indian custodian  
37 in an Indian child custody proceeding desires counsel but is  
38 presently unable to afford and cannot for that reason employ  
39 counsel, the provisions of Section 1912(b) of Title 25 of the United

1 States Code and Section 23.13 of Title 25 of the Code of Federal  
2 Regulations shall apply.

3 (b) When it appears to the court that a parent or guardian of the  
4 child is presently financially unable to afford and cannot for that  
5 reason employ counsel, and the child has been placed in  
6 out-of-home care, or the petitioning agency is recommending that  
7 the child be placed in out-of-home care, the court shall appoint  
8 counsel for the parent or guardian, unless the court finds that the  
9 parent or guardian has made a knowing and intelligent waiver of  
10 counsel as provided in this section.

11 (c) (1) If a child or nonminor dependent is not represented by  
12 counsel, the court shall appoint counsel for the child or nonminor  
13 dependent, unless the court finds that the child or nonminor  
14 dependent would not benefit from the appointment of counsel. The  
15 court shall state on the record its reasons for that finding. ~~A~~

16 (2) A primary responsibility of counsel appointed to represent  
17 a child or nonminor dependent pursuant to this section shall be to  
18 advocate for the protection, safety, and physical and emotional  
19 well-being of the child or nonminor dependent. ~~Counsel~~

20 (3) *Counsel* may be a district attorney, public defender, or other  
21 member of the bar, provided that he or she does not represent  
22 another party or county agency whose interests conflict with the  
23 child's or nonminor dependent's interests. The fact that the district  
24 attorney represents the child or nonminor dependent in a  
25 proceeding pursuant to Section 300 as well as conducts a criminal  
26 investigation or files a criminal complaint or information arising  
27 from the same or reasonably related set of facts as the proceeding  
28 pursuant to Section 300 is not in and of itself a conflict of interest.  
29 ~~The~~

30 (4) *The* court may fix the compensation for the services of  
31 appointed counsel. ~~The~~

32 (5) (A) *The* appointed counsel shall have a caseload and training  
33 that ensures adequate representation of the child or nonminor  
34 dependent. The Judicial Council shall promulgate rules of court  
35 that establish caseload standards, training requirements, and  
36 guidelines for appointed counsel for children and shall adopt rules  
37 as required by Section 326.5 no later than July 1, 2001. ~~Those~~

38 (B) *The* training requirements *imposed pursuant to*  
39 *subparagraph (A)* shall include instruction on ~~cultural~~ *both of the*  
40 *following:*

1 (i) *Cultural* competency and sensitivity relating to, and best  
2 practices for, providing adequate care to lesbian, gay, bisexual,  
3 and transgender youth in out-of-home care.

4 (ii) *The authorization for administration, uses, risks, benefits,*  
5 *administration, oversight, and monitoring of psychotropic*  
6 *medications, and trauma, mental health, and other available mental*  
7 *health treatments, for children receiving child welfare services.*

8 (d) Counsel shall represent the parent, guardian, child, or  
9 nonminor dependent at the detention hearing and at all subsequent  
10 proceedings before the juvenile court. Counsel shall continue to  
11 represent the parent, guardian, child, or nonminor dependent unless  
12 relieved by the court upon the substitution of other counsel or for  
13 cause. The representation shall include representing the parent,  
14 guardian, or the child in termination proceedings and in those  
15 proceedings relating to the institution or setting aside of a legal  
16 guardianship. On and after January 1, 2012, in the case of a  
17 nonminor dependent, as described in subdivision (v) of Section  
18 11400, no representation by counsel shall be provided for a parent,  
19 unless the parent is receiving court-ordered family reunification  
20 services.

21 (e) (1) Counsel shall be charged in general with the  
22 representation of the child's interests. To that end, counsel shall  
23 make or cause to have made any further investigations that he or  
24 she deems in good faith to be reasonably necessary to ascertain  
25 the facts, including the interviewing of witnesses, and shall  
26 examine and cross-examine witnesses in both the adjudicatory and  
27 dispositional hearings. Counsel may also introduce and examine  
28 his or her own witnesses, make recommendations to the court  
29 concerning the child's welfare, and participate further in the  
30 proceedings to the degree necessary to adequately represent the  
31 child. When counsel is appointed to represent a nonminor  
32 dependent, counsel is charged with representing the wishes of the  
33 nonminor dependent except when advocating for those wishes  
34 conflicts with the protection or safety of the nonminor dependent.  
35 If the court finds that a nonminor dependent is not competent to  
36 direct counsel, the court shall appoint a guardian ad litem for the  
37 nonminor dependent.

38 (2) If the child is four years of age or older, counsel shall  
39 interview the child to determine the child's wishes and assess the  
40 child's well-being, and shall advise the court of the child's wishes.

1 Counsel shall not advocate for the return of the child if, to the best  
2 of his or her knowledge, return of the child conflicts with the  
3 protection and safety of the child.

4 (3) Counsel shall investigate the interests of the child beyond  
5 the scope of the juvenile proceeding, and report to the court other  
6 interests of the child that may need to be protected by the institution  
7 of other administrative or judicial proceedings. Counsel  
8 representing a child in a dependency proceeding is not required to  
9 assume the responsibilities of a social worker, and is not expected  
10 to provide nonlegal services to the child.

11 (4) (A) At least once every year, if the list of educational  
12 liaisons is available on the Internet Web site for the State  
13 Department of Education, both of the following shall apply:

14 (i) Counsel shall provide his or her contact information to the  
15 educational liaison, as described in subdivision (b) of Section  
16 48853.5 of the Education Code, of each local educational agency  
17 serving counsel's foster child clients in the county of jurisdiction.

18 (ii) If counsel is part of a firm or organization representing foster  
19 children, the firm or organization may provide its contact  
20 information in lieu of contact information for the individual  
21 counsel. The firm or organization may designate a person or  
22 persons within the firm or organization to receive communications  
23 from educational liaisons.

24 (B) The child's caregiver or other person holding the right to  
25 make educational decisions for the child may provide the contact  
26 information of the child's attorney to the child's local educational  
27 agency.

28 (C) Counsel for the child and counsel's agent may, but are not  
29 required to, disclose to an individual who is being assessed for the  
30 possibility of placement pursuant to Section 361.3 the fact that the  
31 child is in custody, the alleged reasons that the child is in custody,  
32 and the projected likely date for the child's return home, placement  
33 for adoption, or legal guardianship. Nothing in this paragraph shall  
34 be construed to prohibit counsel from making other disclosures  
35 pursuant to this subdivision, as appropriate.

36 (5) Nothing in this subdivision shall be construed to permit  
37 counsel to violate a child's attorney-client privilege.

38 (6) The changes made to this subdivision during the 2011–12  
39 Regular Session of the Legislature by the act adding subparagraph

1 (C) of paragraph (4) and paragraph (5) are declaratory of existing  
2 law.

3 (7) The court shall take whatever appropriate action is necessary  
4 to fully protect the interests of the child.

5 (f) Either the child or counsel for the child, with the informed  
6 consent of the child if the child is found by the court to be of  
7 sufficient age and maturity to consent, which shall be presumed,  
8 subject to rebuttal by clear and convincing evidence, if the child  
9 is over 12 years of age, may invoke the psychotherapist-client  
10 privilege, physician-patient privilege, and clergyman-penitent  
11 privilege. If the child invokes the privilege, counsel may not waive  
12 it, but if counsel invokes the privilege, the child may waive it.  
13 Counsel shall be the holder of these privileges if the child is found  
14 by the court not to be of sufficient age and maturity to consent.  
15 For the sole purpose of fulfilling his or her obligation to provide  
16 legal representation of the child, counsel shall have access to all  
17 records with regard to the child maintained by a health care facility,  
18 as defined in Section 1545 of the Penal Code, health care providers,  
19 as defined in Section 6146 of the Business and Professions Code,  
20 a physician and surgeon or other health practitioner, as defined in  
21 former Section 11165.8 of the Penal Code, as that section read on  
22 January 1, 2000, or a child care custodian, as defined in former  
23 Section 11165.7 of the Penal Code, as that section read on January  
24 1, 2000. Notwithstanding any other law, counsel shall be given  
25 access to all records relevant to the case that are maintained by  
26 state or local public agencies. All information requested from a  
27 child protective agency regarding a child who is in protective  
28 custody, or from a child's guardian ad litem, shall be provided to  
29 the child's counsel within 30 days of the request.

30 (g) In a county of the third class, if counsel is to be provided to  
31 a child at the county's expense other than by counsel for the  
32 agency, the court shall first use the services of the public defender  
33 before appointing private counsel. Nothing in this subdivision shall  
34 be construed to require the appointment of the public defender in  
35 any case in which the public defender has a conflict of interest. In  
36 the interest of justice, a court may depart from that portion of the  
37 procedure requiring appointment of the public defender after  
38 making a finding of good cause and stating the reasons therefor  
39 on the record.



(h) In a county of the third class, if counsel is to be appointed to provide legal counsel for a parent or guardian at the county's expense, the court shall first use the services of the alternate public defender before appointing private counsel. Nothing in this subdivision shall be construed to require the appointment of the alternate public defender in any case in which the public defender has a conflict of interest. In the interest of justice, a court may depart from that portion of the procedure requiring appointment of the alternate public defender after making a finding of good cause and stating the reasons therefor on the record.

*SEC. 5. Section 369.5 of the Welfare and Institutions Code is amended to read:*

369.5. (a) (1) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. ~~On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.~~

(2) (A) *On or before July 1, 2016, the Judicial Council shall, in consultation with the State Department of Social Services, the State Department of Health Care Services, and stakeholders, including, but not limited to, the County Welfare Directors Association, associations representing current and former foster children, county behavioral health departments, caregivers, and children's attorneys, develop updates to the implementation of this section and related forms.*

(B) *The implementation updates developed pursuant to subparagraph (A) shall ensure all of the following:*

1 (i) *The child and his or her caregiver and court-appointed*  
2 *special advocate, if any, have an opportunity to provide input on*  
3 *the medications being prescribed.*

4 (ii) *Information regarding the child's overall mental health*  
5 *assessment and treatment plan is provided to the court.*

6 (iii) *Information regarding the rationale for the proposed*  
7 *medication, provided in the context of past and current treatment*  
8 *efforts, is provided to the court.*

9 (C) *The implementation updates developed pursuant to*  
10 *subparagraph (A) shall include a process for periodic oversight*  
11 *by the court of orders regarding the administration of psychotropic*  
12 *medications that includes the caregiver's and child's observations*  
13 *relating to the effectiveness of the medication and side effects,*  
14 *information on medication management appointments and other*  
15 *follow-up appointments with medical practitioners, and information*  
16 *on the delivery of other mental health treatments that are a part*  
17 *of the child's overall treatment plan. The periodic oversight shall*  
18 *be facilitated by the county social worker, public health nurse, or*  
19 *other appropriate county staff. This oversight process may be*  
20 *conducted in conjunction with other court hearings and reports*  
21 *provided to the court by the county child welfare agency.*

22 (D) *On or before July 1, 2016, the Judicial Council shall adopt*  
23 *or amend rules of court and forms to implement the updates*  
24 *developed pursuant to this paragraph.*

25 (b) (1) *In counties in which the county child welfare agency*  
26 *completes the request for authorization for the administration of*  
27 *psychotropic medication, the agency is encouraged to complete*  
28 *the request within three business days of receipt from the physician*  
29 *of the information necessary to fully complete the request.*

30 (2) *Nothing in this subdivision is intended to change current*  
31 *local practice or local court rules with respect to the preparation*  
32 *and submission of requests for authorization for the administration*  
33 *of psychotropic medication.*

34 (c) *Within seven court days from receipt by the court of a*  
35 *completed request, the juvenile court judicial officer shall either*  
36 *approve or deny in writing a request for authorization for the*  
37 *administration of psychotropic medication to the child, or shall,*  
38 *upon a request by the parent, the legal guardian, or the child's*  
39 *attorney, or upon its own motion, set the matter for hearing.*

1 (d) Psychotropic medication or psychotropic drugs are those  
2 medications administered for the purpose of affecting the central  
3 nervous system to treat psychiatric disorders or illnesses. These  
4 medications include, but are not limited to, anxiolytic agents,  
5 antidepressants, mood stabilizers, antipsychotic medications,  
6 anti-Parkinson agents, hypnotics, medications for dementia, and  
7 psychostimulants.

8 (e) Nothing in this section is intended to supersede local court  
9 rules regarding a minor's right to participate in mental health  
10 decisions.

11 (f) This section ~~shall~~ *does* not apply to nonminor dependents,  
12 as defined in subdivision (v) of Section 11400.

13 *SEC. 6. Section 16003 of the Welfare and Institutions Code is*  
14 *amended to read:*

15 16003. (a) In order to promote the successful implementation  
16 of the statutory preference for foster care placement with a relative  
17 caretaker as set forth in Section 7950 of the Family Code, each  
18 community college district with a foster care education program  
19 shall make available orientation and training to the relative or  
20 nonrelative extended family member caregiver into whose care  
21 the county has placed a foster child pursuant to Section 1529.2 of  
22 the Health and Safety Code, including, but not limited to, courses  
23 that cover the following:

24 (1) The role, rights, and responsibilities of a relative or  
25 nonrelative extended family member caregiver caring for a child  
26 in foster care, including the right of a foster child to have fair and  
27 equal access to all available services, placement, care, treatment,  
28 and benefits, and to not be subjected to discrimination or  
29 harassment on the basis of actual or perceived race, ethnic group  
30 identification, ancestry, national origin, color, religion, sex, sexual  
31 orientation, gender identity, mental or physical disability, or HIV  
32 status.

33 (2) An overview of the child protective system.

34 (3) The effects of child abuse and neglect on child development.

35 (4) Positive discipline and the importance of self-esteem.

36 (5) Health issues in foster ~~care~~, *care, including, but not limited*  
37 *to, the authorization for administration, uses, risks, benefits,*  
38 *administration, oversight, and monitoring of psychotropic*  
39 *medications, and trauma, mental health, and other available mental*  
40 *health treatments, for children receiving child welfare services.*

1 (6) Accessing education and health services that are available  
2 to foster children.

3 (7) Relationship and safety issues regarding contact with one  
4 or both of the birth parents.

5 (8) Permanency options for relative or nonrelative extended  
6 family member caregivers, including legal guardianship, the  
7 Kinship Guardianship Assistance Payment Program, and kin  
8 adoption.

9 (9) Information on resources available for those who meet  
10 eligibility criteria, including out-of-home care payments, the  
11 Medi-Cal program, in-home supportive services, and other similar  
12 resources.

13 (10) Instruction on cultural competency and sensitivity relating  
14 to, and best practices for, providing adequate care to lesbian, gay,  
15 bisexual, and transgender youth in out-of-home care.

16 (11) Basic instruction on the existing laws and procedures  
17 regarding the safety of foster youth at school and the ensuring of  
18 a harassment and violence free school environment contained in  
19 the California Student Safety and Violence Prevention Act of 2000  
20 (Article 3.6 (commencing with Section 32228) of Chapter 2 of  
21 Part 19 of Division 1 of Title 1 of the Education Code).

22 (b) In addition to training made available pursuant to subdivision  
23 (a), each community college district with a foster care education  
24 program shall make training available to a relative or nonrelative  
25 extended family member caregiver that includes, but need not be  
26 limited to, courses that cover all of the following:

27 (1) Age-appropriate child development.

28 (2) Health issues in foster ~~care~~ care, *including, but not limited*  
29 *to, the authorization for administration, uses, risks, benefits,*  
30 *administration, oversight, and monitoring of psychotropic*  
31 *medications, and trauma, mental health, and other available mental*  
32 *health treatments, for children receiving child welfare services.*

33 (3) Positive discipline and the importance of self-esteem.

34 (4) Emancipation and independent living.

35 (5) Accessing education and health services available to foster  
36 children.

37 (6) Relationship and safety issues regarding contact with one  
38 or both of the birth parents.

39 (7) Permanency options for relative or nonrelative extended  
40 family member caregivers, including legal guardianship, the

1 Kinship Guardianship Assistance Payment Program, and kin  
2 adoption.

3 (8) Basic instruction on the existing laws and procedures  
4 regarding the safety of foster youth at school and the ensuring of  
5 a harassment and violence free school environment contained in  
6 the California Student Safety and Violence Prevention Act of 2000  
7 (Article 3.6 (commencing with Section 32228) of Chapter 2 of  
8 Part 19 of Division 1 of Title 1 of the Education Code).

9 (c) In addition to the requirements of subdivisions (a) and (b),  
10 each community college district with a foster care education  
11 program, in providing the orientation program, shall develop  
12 appropriate program parameters in collaboration with the counties.

13 (d) Each community college district with a foster care education  
14 program shall make every attempt to make the training and  
15 orientation programs for relative or nonrelative extended family  
16 member caregivers highly accessible in the communities in which  
17 they reside.

18 (e) When a child is placed with a relative or nonrelative extended  
19 family member caregiver, the county shall inform the caregiver  
20 of the availability of training and orientation programs and it is  
21 the intent of the Legislature that the county shall forward the names  
22 and addresses of relative or nonrelative extended family member  
23 caregivers to the appropriate community colleges providing the  
24 training and orientation programs.

25 (f) This section shall not be construed to preclude counties from  
26 developing or expanding existing training and orientation programs  
27 for foster care providers to include relative or nonrelative extended  
28 family member caregivers.

29 *SEC. 7. Section 16206 of the Welfare and Institutions Code is*  
30 *amended to read:*

31 16206. (a) The purpose of the program is to develop and  
32 implement statewide coordinated training programs designed  
33 specifically to meet the needs of county child protective services  
34 social workers assigned emergency response, family maintenance,  
35 family reunification, permanent placement, and adoption  
36 responsibilities. It is the intent of the Legislature that the program  
37 include training for other agencies under contract with county  
38 welfare departments to provide child welfare services. In addition,  
39 the program shall provide training programs for persons defined  
40 as a mandated reporter pursuant to the Child Abuse and Neglect

1 Reporting Act, Article 2.5 (commencing with Section 11164) of  
2 Chapter 2 of Title 1 of Part 4 of the Penal Code. The program shall  
3 provide the services required in this section to the extent possible  
4 within the total allocation. If allocations are insufficient, the  
5 department, in consultation with the grantee or grantees and the  
6 Child Welfare Training Advisory Board, shall prioritize the efforts  
7 of the program, giving primary attention to the most urgently  
8 needed services. County child protective services social workers  
9 assigned emergency response responsibilities shall receive first  
10 priority for training pursuant to this section.

11 (b) The training program shall provide practice-relevant training  
12 for mandated child abuse reporters and all members of the child  
13 welfare delivery system that will address critical issues affecting  
14 the well-being of children, and shall develop curriculum materials  
15 and training resources for use in meeting staff development needs  
16 of mandated child abuse reporters and child welfare personnel in  
17 public and private agency settings.

18 (c) The training provided pursuant to this section shall include  
19 all of the following:

- 20 (1) Crisis intervention.
- 21 (2) Investigative techniques.
- 22 (3) Rules of evidence.
- 23 (4) Indicators of abuse and neglect.
- 24 (5) Assessment criteria, including the application of guidelines  
25 for assessment of relatives for placement according to the criteria  
26 described in Section 361.3.
- 27 (6) Intervention strategies.
- 28 (7) Legal requirements of child protection, including  
29 requirements of child abuse reporting laws.
- 30 (8) Case management.
- 31 (9) Use of community resources.
- 32 (10) Information regarding the dynamics and effects of domestic  
33 violence upon families and children, including indicators and  
34 dynamics of teen dating violence.
- 35 (11) Posttraumatic stress disorder and the causes, symptoms,  
36 and treatment of posttraumatic stress disorder in children.
- 37 (12) The importance of maintaining relationships with  
38 individuals who are important to a child in out-of-home placement,  
39 including methods to identify those individuals, consistent with  
40 the child's best interests, including, but not limited to, asking the

1 child about individuals who are important, and ways to maintain  
2 and support those relationships.

3 (13) The legal duties of a child protective services social worker,  
4 in order to protect the legal rights and safety of children and  
5 families from the initial time of contact during investigation  
6 through treatment.

7 (14) *The authorization for administration, uses, risks, benefits,*  
8 *administration, oversight, and monitoring of psychotropic*  
9 *medications, and trauma, mental health, and other available mental*  
10 *health treatments, for children receiving child welfare services.*

11 (d) The training provided pursuant to this section may also  
12 include any or all of the following:

13 (1) Child development and parenting.

14 (2) Intake, interviewing, and initial assessment.

15 (3) Casework and treatment.

16 (4) Medical aspects of child abuse and neglect.

17 (e) The training program in each county shall assess the  
18 program's performance at least annually and forward it to the State  
19 Department of Social Services for an evaluation. The assessment  
20 shall include, at a minimum, all of the following:

21 (1) Workforce data, including education, qualifications, and  
22 demographics.

23 (2) The number of persons trained.

24 (3) The type of training provided.

25 (4) The degree to which the training is perceived by participants  
26 as useful in practice.

27 (5) Any additional information or data deemed necessary by  
28 the department for reporting, oversight, and monitoring purposes.

29 (f) The training program shall provide practice-relevant training  
30 to county child protective services social workers who screen  
31 referrals for child abuse or neglect and for all workers assigned to  
32 provide emergency response, family maintenance, family  
33 reunification, and permanent placement services. The training shall  
34 be developed in consultation with the Child Welfare Training  
35 Advisory Board and domestic violence victims' advocates and  
36 other public and private agencies that provide programs for victims  
37 of domestic violence or programs of intervention for perpetrators.

38 *SEC. 8. Section 16501.4 is added to the Welfare and Institutions*  
39 *Code, to read:*

1     16501.4. In order to ensure the oversight of psychotropic  
2     medications that are prescribed for children receiving child welfare  
3     services, all of the following shall occur:

4     (a) (1) A county child welfare agency shall use the form  
5     developed pursuant to paragraph (2) to provide a monthly report  
6     to the juvenile court, the child's attorney, and the child's  
7     court-appointed special advocate, if one has been appointed. At  
8     a minimum, that report shall include all of the following  
9     information regarding a child receiving child welfare services:

10    (A) Psychotropic medications that have been authorized for the  
11    child.

12    (B) Paid claims data for medications that have been prescribed  
13    to the child, including both psychotropic and non-psychotropic  
14    medication.

15    (C) Durational information relating to the child's prescribed  
16    medication, including, but not limited to, the length of time a  
17    medication has been authorized and the length of time for which  
18    claims have been paid for a filled prescription.

19    (D) Claims paid for mental health services provided to the child,  
20    other than claims paid for psychotropic medication.

21    (E) The dosage of psychotropic medications that have been  
22    authorized for the child and for which a claim has been paid.

23    (2) In consultation with the State Department of Health Care  
24    Services, the County Welfare Directors Association, and other  
25    stakeholders, the State Department of Social Services shall develop  
26    a form to be utilized in making the reports required by paragraph  
27    (1).

28    (b) (1) In consultation with the State Department of Health  
29    Care Services, the County Welfare Directors Association, and  
30    other stakeholders, the State Department of Social Services shall  
31    either develop, or ensure access to, a system that automatically  
32    alerts the social worker of a child receiving child welfare services  
33    when psychotropic medication has been prescribed that fits any  
34    of the following descriptions:

35    (A) The psychotropic medication has been prescribed in  
36    combination with another psychotropic medication and the  
37    combination is unusual or has the potential for a dangerous  
38    interaction.

39    (B) The psychotropic medication is prescribed in a dosage that  
40    is unusual for a child of that age.



1     (C) *The psychotropic medication has the potential for a*  
2 *dangerous interaction with other prescribed psychotropic or*  
3 *non-psychotropic medications.*

4     (D) *The psychotropic medication is not typically indicated for*  
5 *a child of that age.*

6     (2) *If a child's social worker receives an alert from the system*  
7 *described in paragraph (1), upon receipt of the alert, the social*  
8 *worker shall indicate to the court, the child's attorney, the child's*  
9 *caregiver, and the child's court-appointed special advocate, if one*  
10 *has been appointed, that the alert has been received. The social*  
11 *worker shall also include a discussion of the alert and the*  
12 *resolution, if any, of the issue raised by the alert in the next court*  
13 *report filed in the child's case.*

14     (c) *In consultation with the State Department of Health Care*  
15 *Services, the Judicial Council, the County Welfare Directors*  
16 *Association, and other stakeholders, the State Department of Social*  
17 *Services shall develop training that may be provided to county*  
18 *child welfare social workers, courts, children's attorneys,*  
19 *children's caregivers, court-appointed special advocates, and*  
20 *other relevant staff who work with children receiving child welfare*  
21 *services that addresses the authorization for administration, uses,*  
22 *risks, benefits, administration, oversight, and monitoring of*  
23 *psychotropic medications, and trauma, mental health, and other*  
24 *available mental health treatments, for children receiving child*  
25 *welfare services.*

26     SEC. 9. *To the extent that this act has an overall effect of*  
27 *increasing the costs already borne by a local agency for programs*  
28 *or levels of service mandated by the 2011 Realignment Legislation*  
29 *within the meaning of Section 36 of Article XIII of the California*  
30 *Constitution, it shall apply to local agencies only to the extent that*  
31 *the state provides annual funding for the cost increase. Any new*  
32 *program or higher level of service provided by a local agency*  
33 *pursuant to this act above the level for which funding has been*  
34 *provided shall not require a subvention of funds by the state nor*  
35 *otherwise be subject to Section 6 of Article XIII B of the California*  
36 *Constitution.*

37     ~~SECTION 1. It is the intent of the Legislature to enact~~  
38 ~~legislation that would improve the ability of the child welfare~~  
39 ~~system to track and oversee the use of psychotropic medications~~

1 for children in foster care. In order to effectuate this intent, the  
2 legislation shall require all of the following:

3 (a) ~~The State Department of Social Services and the State~~  
4 ~~Department of Health Care Services to develop monthly data~~  
5 ~~reports that match prescription and claims data with child welfare~~  
6 ~~services records and that are shared with counties, the juvenile~~  
7 ~~court, attorneys appointed to represent children in foster care,~~  
8 ~~medical practitioners treating children in foster care, and~~  
9 ~~court-appointed special advocates.~~

10 (b) ~~The development of a system that triggers an alert to medical~~  
11 ~~practitioners treating children in foster care when there could be~~  
12 ~~potentially dangerous interactions between psychotropic~~  
13 ~~medications and other prescribed medications, or when~~  
14 ~~psychotropic medications have been prescribed, or prescribed in~~  
15 ~~dosages, that are unusual for a child or a child of that age.~~

16 (c) ~~An update of the JV-220 court form to provide an~~  
17 ~~opportunity for key stakeholders, including, but not limited to, the~~  
18 ~~child for whom psychotropic medication is prescribed, to provide~~  
19 ~~information and feedback and to provide details on the overall~~  
20 ~~mental health treatment plan for the child.~~

21 (d) ~~Training for medical practitioners, child welfare social~~  
22 ~~workers, foster children, caregivers, attorneys appointed to~~  
23 ~~represent children in foster care, and Court-Appointed Special~~  
24 ~~Advocates regarding psychotropic medications.~~